

## Changing Plans?

Open Enrollment plan changes can be done over the phone by calling (800)237-3345.

CalPERS Health Benefit Services Division  
P.O. Box 942714  
Sacramento, CA 94229-2714  
(800)237-3345/TDD (916)326-3240

Date called: \_\_\_\_\_

Name of Representative: \_\_\_\_\_

To save time, complete this form before you call to request changes over the phone.

### Open Enrollment Change Request Form For Retirees

(For Retirees Only. Active employees - contact your personnel office.)

Changes Effective January 1, 1999

#### PART A: • TYPE OF CHANGE •

- ☐ **Change My Health Plan.** (complete Parts B, C, and E)  
☐ **Add Eligible Dependents Onto My Health Plan.** (complete Parts B, D, and E)  
☐ **Enroll In A Health Plan.\*** (complete Parts B, C, D, and E)

#### PART B: • RETIREE INFORMATION •

Social Security Number	Name (First)	(Middle)	(Last)	Birthdate
Mailing Address (Number and Street) (City) (State) (ZIP)				
Daytime Phone Number ( ) -		Name Of Agency Retired From State: Public Agency or School Employer: JRS or LRS:		

#### PART C: • HEALTH PLAN •

Name Of New Health Plan	Name Of Doctor/Medical Group
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#### PART D: • ENROLLMENT INFORMATION •

Dependents To Be Added	Social Security Number	Date Of Birth	Relationship	Doctor Or Medical Group	Medicare Eligible Date (if applicable)

#### PART E: • RETIREE'S SIGNATURE •

By signing this form, I elect to change to the plan indicated above and/or add eligible family members. I also authorize deductions, if applicable, to be made from my retirement allowance to cover my share of the cost of enrollment.

Signature Of Retiree	Date Form Signed		

\* You can enroll in the CalPERS Health Program if you:

- retired from the State of California, or a school district, or public agency that contracts with CalPERS to provide health benefits for its retirees, and
- are receiving a retirement check, and
- were enrolled in the CalPERS Health Program at the time you retired, and
- retired within 120 days from the day you separated from your job.

Contact your former employer or CalPERS for more information concerning eligibility.

## INSTRUCTIONS - OPEN ENROLLMENT CHANGE REQUEST FORM FOR RETIREES

The Open Enrollment Period allows you an opportunity to change your health plan, add eligible dependents, or enroll in a health plan. To make an Open Enrollment change, simply complete this Request (HBD-30) Form and mail to CalPERS. All changes are subject to verification of eligibility. Consult the CalPERS **Health Program Handbook** or call CalPERS for eligibility information.

<b>Mail the HBD-30 and all other requests to:</b> CalPERS Health Benefit Services Division P.O. Box 942714 Sacramento, CA 94229-2714	<b>For further information, please call:</b> Toll Free: (800)237-3345 Local: (916)326-3970 TDD: (916)326-3240
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INSTRUCTIONS FOR COMPLETING HBD-30	
<b>PART A: Type of Change</b>	Check the type of change(s) you are making.
<b>PART B: Retiree Information</b>	Complete all retiree information. Be sure to include the name of the agency from which you retired.
<b>PART C: Health Plan</b>	Before requesting to change plans, verify the doctor you want is accepting new patients. If not, you will need to find another doctor who contracts with the new plan.
<b>PART D: Enrollment</b>	<p>List only the dependents you are adding. All dependents currently enrolled on your health plan will remain on your plan. Dependents eligible to enroll are listed on page 1, Booklet 3, CalPERS <b>Health Program Handbook</b>. Adding a spouse or another person's child require supporting documentation. See pages 7 and 8 of the <b>Health Program Handbook</b>.</p> <p><b>Important:</b> If the dependent(s) you are adding are eligible for Part A and Part B of Medicare, a copy of their Medicare card or Notice of Entitlement letter must be returned with this form.</p>

### NOTE

- After changing your health plan be sure to check your retirement check to verify that the proper deduction is made. If the deduction is incorrect, call CalPERS and notify us of the discrepancy.
- If you are enrolled in a Managed Medicare plan and are switching to a Supplement to Medicare plan, you must contact your current health plan or the nearest Social Security office to disenroll your Medicare benefits from your current Managed Medicare plan. If you do not disenroll, Medicare will not pay your new health plan for services. For more information, refer to the **Understanding Medicare & Your CalPERS Health Benefits** booklet.

**Do not use this form to cancel your health coverage or delete a dependent.** Instead, make your request in writing to CalPERS. Include your Social Security number, daytime phone number, mailing address, the type of change, and the reason for change. The effective date for changes, other than Open Enrollment changes, is the first of the month following receipt of your request.

## PRIVACY INFORMATION

The Information Practices Act of 1977 and the Federal Privacy Act require CalPERS to provide the following information to individuals who are asked to supply information. The information requested is collected pursuant to the Government Code (Section 20000, et seq.) and will be used for administration of the Board's duties under the Retirement Law, the Social Security Act, and the Public Employees' Medical & Hospital Care Act, as the case may be. Submission of the requested information is mandatory. Failure to supply the information may result in the System being unable to perform its functions regarding your status. Portions of this information may be transferred to other governmental agencies (such as your employer), physicians, and insurance carriers but only in strict accordance with current statutes regarding confidentiality.

You have the right to review your CalPERS membership file. For questions concerning your rights under the Information Practices Act of 1977, please contact the Information Practices Act Coordinator, CalPERS, P.O. Box 942702, Sacramento, CA 94229-2702.

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, State, or local governmental agency which requests an individual to disclose a Social Security number shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

The CalPERS Health Benefit Services Division requests Social Security numbers on a voluntary basis. However, it should be noted that due to the use of Social Security numbers by other agencies for identification purposes, CalPERS may be unable to verify eligibility for benefits without the Social Security number.

The CalPERS Health Benefit Services Division uses Social Security numbers for the following purposes:

- enrollee identification for eligibility processing and verification.
- payroll deduction and State contribution for State employees.
- billing of public agencies for employee and employer contributions.
- reports to CalPERS and other State agencies.
- coordination of benefits among health plans.
- resolve member appeals/complaints/grievances with health plans.